

DOCUMENT RESUME

ED 185 435

CG 014 259

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TITLE Sexuality and Aging: Implications for Long Term Care.
PUB DATE Nov 79
NOTE 24p.: Paper presented at the Annual Scientific Meeting of the Gerontological Society (32nd, Washington, DC, November 25-29, 1979).
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adult Development; Aging (Individuals); Attitude Change; *Individual Needs; Inservice Education; Interpersonal Relationship; Models; Nursing Homes; *Older Adults; *Professional Personnel; *Residential Care; *Sexuality; *Staff Development

ABSTRACT

With increasing emphasis on treating the whole person, on the maintenance of an individual's former life style, and on patients' rights, long-term care personnel need to become aware that many nursing home residents experience needs related to their sexuality. A model two-day workshop is presented with a focus on the following topics: (1) a broad understanding of sexuality; (2) the need for interpersonal relationships among the aging; (3) common myths regarding sexuality and aging; (4) physical changes related to sexuality; and (5) the development of programs within the long term care facility that will help residents to meet needs related to their sexuality. A complete model of the workshop, outline of content, resources utilized, a listing of questions and issues raised and discussed, and a summary of participant evaluations are also included. (Author/BMW)

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ED185435

SEXUALITY AND AGING:
IMPLICATIONS FOR LONG TERM CARE

A Paper Presented at the
Scientific Meeting of the
Gerontological Society
Washington, D.C.
November, 1979

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The purpose of this workshop model entitled Sexuality and Aging: Implications for Long Term Care is as follows: to provide an opportunity for long term care personnel to come together in a non-threatening and informal workshop situation to learn to understand better the sexual needs of residents, to understand better their own attitudes, and to discuss means by which facility staff members can help residents meet the needs related to their sexuality within the long term care setting.

In conducting educational programs for long term care personnel throughout the country, the author has observed discomfort as well as inability to discuss residents' needs relating to their sexuality. The constraints of "institutionalization" (most obvious perhaps, the lack of privacy) and the tendency of long term care staff members to manifest the same stereotyped attitudes regarding sexuality in old age as society in general lead frequently to an administrative policy which tends to deny the sexuality of older persons.

WORKSHOP OBJECTIVES

With these observations at hand, the objectives of this workshop were established.

At the conclusion of this workshop, the participant will be able to:

1. define and discuss sexuality in its broadest sense;
2. identify myths and stereotypes prevalent in U.S. society;
3. describe some of the physical changes related to sexuality that occur with the aging process;
4. outline possible specific ways appropriate to his facility to assist residents in the fulfillment of needs related to their sexuality (e.g., needs for affection, tenderness, intimacy, touch).

SEXUALITY DEFINED

Human sexuality is far more than sexual behavior; sexuality includes also feelings, attitudes, and beliefs. The notion of being a sexual being begins in utero (Weg, 1975). One's sexuality does not diminish or disappear with age. It is quite likely that sexual needs and the ability for sexual expression may continue until a person dies. Long writes that sexuality is much more than intercourse, and that other kinds of sexual expression such as teasing, smiling, twinkling eyes provide an emotional lift and "...add zest to life at a time when it is greatly needed" (Long, 1976).

The simple conclusion is that the sexual needs of an older person are like the sexual needs of a younger person, perhaps varying in intensity, and that one's sexuality is an integral part of his personhood during his entire life.

PSYCHOSOCIAL ASPECTS OF SEXUALITY AND AGING

Discussed in both large and small group settings during the workshop are psychosocial aspects of sexuality and aging. The needs for everyday interaction, for touch, for recognition, for self-esteem, for closeness, for affection, for intimacy are identified and discussed within the context of the long term care setting. A slide/cassette presentation, Folks Don't Kiss Old People Any More (Franciscan Communications, 1975) and a filmstrip/cassette presentation, Human Sexuality with Aging (Trainex, 1976) are used to stimulate discussions on the psychosocial aspects of sexuality and aging.

PHYSICAL ASPECTS OF SEXUALITY AND AGING

Aging does bring with it some changes related to sexual function. However, persons of any age can enjoy and profit from their sexuality, even if intercourse is not possible. The slide set Aging and Sexuality: a Physiological Approach is used to present basic information (University of Nebraska at Omaha, 1977). Information regarding basic physiological changes in the male and female is presented.

Presentation is also made regarding common health conditions in the later years that may affect one's sexual expression.

The true-false test on sexuality and aging (Carroll, 1978) has been used at the beginning of the workshop. Participants have taken the test and then it has been set aside and discussed near the conclusion of the second day. This test has not been used as a pre- post-test as had been considered. However its use as a learning/discussion tool has proved profitable.

CASE STUDIES

Case studies from the book, Sexuality and Aging (Carroll, 1978), are used as a basis for small group discussions. Two of the cases follow:

1. Mrs. April was 89 years old and a very striking woman, who in spite of the fact that she was severely impaired, had a delightful smile and charming manners. Mr. October, who was a newly admitted resident to the skilled care facility where they lived, was fairly alert and extremely hard of hearing. He found Mrs. April attractive and because of his hearing impairment was not aware of her poor judgment and lack of comprehension. Mr. October enjoyed

spending time with Mrs. April and after a while began to express his affection by touching and kissing her. Mrs. April had a husband who lived some miles away and was able to visit only once a week. She confused Mr. October with her husband and responded very positively to the physical contact and attention. When they visited, Mrs. April's husband and children were disturbed to see her being physically close to another man. Staff members who were disturbed by the thought of a married woman behaving in this way, were not sure exactly what to do about it.

2. Judy was a 19 year old nursing assistant working in a skilled care facility. One day she entered the room of Mr. January who was legally blind, quite severely mentally impaired, and unable to ambulate because of a recent hip fracture. When she entered the room he was masturbating and Judy, shocked, left the room and went to tell the nurse in charge of the nursing unit (Carroll, 1978).

MYTHS AND STEREOTYPES

Eric Pfeiffer classifies the myths regarding sexuality and aging in three categories:

Many people believe that sexual desire and sexual activity cease to exist with the onset of old age; or that sexual desire and sexual activity should cease to exist with the onset of old age; or that aged persons who say they are still sexually active are either morally perverse or engaged in wish-fulfilling deceptions and self-deceptions (Pfeiffer, 1969).

In the workshop the discussion of myths and stereotypes is introduced by the use of jokes, cartoons, and birthday cards.

PLANNING FOR BACK HOME

The final workshop session is designed so that people can work either as facility teams or as individuals in identifying problems in their own facilities related to sexuality and sexual expression. Examples of problems that have been identified are:

- Lack of privacy for residents

- Need for staff education

- The existence of separate male-female halls/wings

- Lack of understanding on the part of family members

- Lack of interaction among residents

- Staff and family attitudes toward masturbation

- The asexual treatment of the new resident (the assumption being that the individual has no sexual needs)

- Intimate relations between two unmarried persons

- Individual patient/resident problems.

Common deterrents to solving problems identified by workshop participants are:

- Attitudes of staff

- Resident peer pressure; family pressure

- The pre-admissions process

- The inability of staff to talk openly

- The lack of staff education

- Resistance of staff to change

- Fear of family/community criticism

- Physical layout of rooms which prohibits privacy

- "Rules" for visiting spouses

- Moral/religious codes.

Elements present in participants' facilities that have been identified as being helpful to change are:

- Administrative support
- Implementation of patients' rights
- Good activities
- Good volunteers
- Several persons attending the workshop
- Good in-service program.

It should be noted that one group in each workshop (after specific instructions) dealt with a problem totally unrelated to the workshop topic, such as low staff morale or employee turnover.

Many questions have been raised in discussions of problems suggested by workshop participants.

If there is a problem related to sex, whose problem is it--the resident's, the staff's, the family's?

What about the immobile and severely limited resident--are his/her sexual needs being met? Is it a part of good care to masturbate that patient if he/she is unable to do so and desires release from sexual tension?

Are sexual needs/habits of a married couple discussed when one or both enter a facility?

What about the confused person--does he/she still have sexual needs and desires?

Are needs related to a resident's sexuality discussed in care planning?

Can staff provide more opportunities for social interaction by residents?

Does staff encourage the "normalcy" of sexuality and sexual expression?

Does staff accept and allow masturbation as a normal option for the release of sexual tension?

What part does the staff member's own moral/religious code play?

Are there ways to enhance the availability of privacy for those residents who desire it?

Is staff able to direct inappropriate sexual acting out to an appropriate time/place?

Is staff open to the acceptance of alternative life styles including homosexuality, intimate relationships without marriage, etc.?

These are not easy questions, and there are no easy answers, but workshop participants have generally agreed that the two day workshop format does provide an opportunity for learning and sharing.

EVALUATION

One hundred persons participated in two workshops on the topic Sexuality and Aging: Implications for Long Term Care. Out of these participants, 47 percent rated the workshop excellent, 43 percent good, and 10 percent satisfactory. No one rated the workshop as poor.

In identifying the most helpful aspects of the workshop, 55 percent of the participants named the group discussions, the free exchange of problems and ideas, and the open sharing as most helpful. Thirty-four percent mentioned the content, or information presented as most helpful. Other helpful aspects each mentioned by more than five participants were the broad

definition of sexuality, the opportunity for facility team back home planning, the audio-visual materials, and the case studies.

CONCLUSION

Sexuality and aging--the time has come for open frank discussions among long term care facility staff members. Many staff members and residents carry with them the attitudes of a society which for years has silently proclaimed, "Sex is dirty--save it for the one you love" (Fleming, 1979). Availability of facts and opportunity for open discussion and problem solving are essential.

Human sexuality in the aging is not to be denied or rejected, but affirmed and encouraged. Long term care facility administrators and staff members are beginning to recognize that helping a resident to meet his sexual needs is simply a normal part of providing quality care in a therapeutic environment.

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- Pfeiffer, E. Sexual behavior in old age. In Behavior and adaptation in late life, E. Busse and E. Pfeiffer, eds., Little, Brown, and Company, Boston, 1969, 151-162.
- Weg, R. Physiology and sexuality in aging. In Sexuality and aging, I. Burnside, ed., University of Southern California Press, Los Angeles, 1975, 7-17.

ADDENDA

PRINTED MATERIALS

Carroll, K. Sexuality and aging. Ebenezer Society for Aging and Human Development, Minneapolis, Minnesota, 1978 (Case studies, true-false quiz on sexuality and aging), 1978.

Fox, N. Speak-out for the double bed. The journal of practical nursing, August, 1977.

Jones, D. Sex: Not for youngsters only. The journal of practical nursing, March, 1976.

Lobsenz, N. Sex after sixty-five. Public affairs pamphlet, New York, 1975.

Miller, D. Sexual practices and administrative policies in long term care institutions. Journal of long term care administration, 1975, 30-40.

Schwartz, J. Staff development program leads to patient development program. American health care association journal, September, 1978, 36-37.

AUDIO-VISUAL MATERIALS

Aging and Sexuality: A Physiological Approach (Slides and cassette), The Gerontology Program, The University of Nebraska at Omaha, 1977.

Folks Don't Kiss Old People Anymore (Slides and cassette), Franciscan Communications Center, Los Angeles, California, 1975.

Human Sexuality with Aging (Filmstrip and cassette), Trainex, Garden Grove, California, 1976.

CASE STUDIES -- SEXUALITY

Directions: Read each of the following scenarios. Tell what you think should be done in each case and explain the reason for your thoughts. There are many possible "right" answers for each situation. The actual outcomes of these cases will be provided.

1. Mr. and Mrs. August shared a double room in a skilled nursing facility. She was very forgetful but knew her husband and relied on him completely. He was fairly alert and was over-protective of his wife to a point where he was uncooperative with staff and he did not fully understand her limitations, health problems, and the care that was provided by staff. In addition, he was hard of hearing which made explanations for his wife's care hard for him to understand.

The Augusts had always had a fairly active sex life together and both of them wished to continue this. The Augusts' door was always shut and when staff knocked, Mr. August could not hear it. As a result, staff would often knock as loud as possible then enter without being acknowledged. On a number of occasions the staff found Mr. and Mrs. August in bed together which was embarrassing for staff and caused Mr. August to be outraged. After each of these incidences, Mr. August was very difficult to work with and his anger caused his wife to become anxious and more confused.

page 2 Case Studies -- Sexuality

2. Mrs. April was 89 years old and a very striking woman, who in spite of the fact that she was severely impaired, had a delightful smile and charming manners. Mr. October, who was a newly admitted resident to the skilled care facility where they lived, was fairly alert and extremely hard of hearing. He found Mrs. April attractive and because of his hearing impairment was not aware of her poor judgment and lack of comprehension. Mr. October enjoyed spending time with Mrs. April and after a while began to express his affection by touching and kissing her. Mrs. April had a husband who lived some miles away and was able to visit only once a week. She confused Mr. October with her husband and responded very positively to the physical contact and attention. When they visited, Mrs. April's husband and children were disturbed to see her being physically close to another man. Staff members, who were disturbed by the thought of a married woman behaving in this way, were not sure exactly what to do about it.

3. Sam and Susan September were residents of a skilled care facility. Both were experiencing memory and orientation deficits and impairment of judgment. They had been a sexually active couple during their married life and Sam had apparently had a number of affairs outside of the marriage, as well. The couple wished to spend a great deal of time together and each was extremely jealous of the other. Due to the fact that both had poor judgment, they each would often misinterpret interaction of the spouses with a staff member of the opposite sex as a sexual relationship. When Sam or Susan felt that there was a sexual relationship going on between the spouse and one of the staff members they would become extremely anxious and argue with one another and with the staff members involved. There were times when Susan refused to let Sam out of her sight or to allow him to go anywhere without her.

Source: Ebenezer Center on Aging, Minneapolis, Mn.

page 3 Case Studies -- Sexuality

3. On several occasions Sam accused male staff members of having affairs with Susan. This situation was particularly difficult for the young female nursing assistant who had the job of giving both of them personal care including bathing, grooming, and dressing. What approaches might staff take for working with the Septembers?

4. Miss June had never resolved an unhappy romance that occurred in her early twenties. She had planned to marry a man and was engaged to him for a year when her mother became ill and her parents demanded that she would give up her marriage and stay home and care for her mother. Miss June did this but never got over the loss of the man she had hoped to marry and the bitter feelings toward her parents. As a resident of an intermediate care facility, Miss June has for several years made a habit of demanding a great deal of attention from male staff members, saying slightly sexually suggestive things to those men, and having a series of somatic complaints which require a physical examination by her doctor. The men who find her behavior slightly threatening begin to avoid her, which hurts her feelings. When she has no men at all with whom she can interact she becomes extremely anxious and talks a great deal to her peers about men, love, and sex and disturbs them with her unrealistic attitudes and ideas. What might be done to alleviate this problem?

Source: Ebenezer Center on Aging, Minneapolis, Mn.

page 4 Case Studies -- Sexuality

5. Judy was a 19 year old nursing assistant working in a skilled care facility. One day she entered the room of Mr. January who was legally blind, quite severely mentally impaired, and unable to ambulate because of a recent hip fracture. When she entered the room he was masturbating and Judy, shocked, left the room and went to tell the nurse in charge of the nursing unit.

6. Mr. John March and Mrs. Dora May were residents in an intermediate care facility. Both were somewhat forgetful but were ambulatory, enjoyed adequate physical health and were able to participate in all activities that were offered at the facility. They became good friends who spent a great deal of time together in such activities as bowling, bingo, and outings. The staff noticed that they were often together in public lounge areas and displaying quite a bit of affection. John seemed to be more content than he had been prior to this relationship with Dora. Dora seemed to be happier and was more animated than staff had ever seen her. One day when the nurse went into Dora's room to give her her medication, she found John and Dora in bed together. One of the problems that was of particular concern to the staff was that, though Dora was happy with this relationship, she did not always seem to know who John was and she sometimes thought John was her deceased husband. Staff felt she did not truly know what she was doing in this relationship. This situation was brought up at the next care conference so everyone could help make a decision about how to respond to the relationship between John and Dora.

Source: Ebenezer Center on Aging, Minneapolis, Mn.

7. Mrs. Nellie November was a new resident at an intermediate care facility. She had been quite forgetful for some time and her husband had been taking care of her at home. She had been dependent on him and had been with him almost 24 hours a day. When she first entered the nursing home she appeared to be totally lost, quite anxious, and lonely. She grew to be friendly with Mrs. Della December and the two of them spent a great deal of time together attending activities, walking up and down the halls, visiting in one another's rooms and sitting in the lounge area. Staff began to notice that they spent so much time together that Nellie was not really making her own decisions and thinking for herself. This situation came to a head when staff realized that on about three occasions the two women had slept together in Della's bed. For some staff members this was upsetting or shocking because it had made them think of the possibility of a lesbian relationship between the two women. They didn't know exactly what to do about this and a care conference was held so they could make decisions about what steps the staff should take to deal with this. How do you think the staff should have responded to this relationship?

Source: Ebenezer Center on Aging, Minneapolis, Mn.

TRUE-FALSE QUIZ -- SEXUALITY

Directions: If you think the statement is mostly true, write true in the space at the left. If you think the statement is mostly false, write false in the space at the left.

- _____ 1. For older women, the most common reason for not being sexually active is the lack of a competent and socially sanctioned partner.
- _____ 2. Sexual capacity extends beyond 80 in males and there is no time limit on the sexual capacity of females.
- _____ 3. People who have heart trouble usually have to abstain from sexual activity because it puts such a strain on the heart.
- _____ 4. Medications may cause either an increased interest in sex or a decreased interest and/or capacity for sex.
- _____ 5. In general, people in our society think that older people enjoying sex is impossible, disgusting, or ridiculous.
- _____ 6. Most doctors are a good source of information and advice for the older person who has some questions about his/her personal sexual needs and problems.
- _____ 7. People who are sexually active in their younger years and through adulthood tend to lose interest and capabilities in their later years.
- _____ 8. Menopause does not usually affect a woman's sex life in any negative way.
- _____ 9. Some people who work in geriatrics feel that masturbation is a healthy sexual outlet and should be encouraged for the people who have no partner.
- _____ 10. One of the worst consequences of ageism with regard to sex is that the older people themselves believe stereotypes and myths and they either give up sex or feel guilty and abnormal for not wishing to give it up.
- _____ 11. It is becoming more common for older people to live together without benefit of a marriage ceremony.

Source: Ebenezer Center on Aging, Minneapolis, Mn.

page 2 True-False Quiz -- Sexuality

- _____ 12. In some cases of illness sexual activity can continue but a couple must try different positions or different forms of sexual expression.
- _____ 13. When actual intercourse fails through infirmity or becomes less desirable, people still need physical closeness, sensuality, and the feeling that they are valued and needed as persons.
- _____ 14. As a man ages it begins to take longer for him to achieve a full penile erection, but once achieved it may be maintained for longer periods of time without ejaculation.
- _____ 15. Physical changes in the vagina of the older woman reduce the likelihood of her experiencing any sort of pain or discomfort during intercourse.
- _____ 16. Sexual intercourse is the only way to achieve true feelings of intimacy.
- _____ 17. Sex education would be helpful for many older people.
- _____ 18. A person's sexual identity is an important part of self concept.
- _____ 19. There are some sex and behavior problems that may be related to sex concerns of elderly men and women.
- _____ 20. People who are sexually active in their younger years are likely to be sexually active when they are elderly as well.
- _____ 21. Homosexuality is almost nonexistent among the over 65 population.
- _____ 22. Various physical complaints including fatigue, indigestion, appetite loss, and backaches can actually be related to sexual problems.
- _____ 23. An older male who is sexually inactive for an extended period of time may lose potency.

Source: Ebenezer Center on Aging, Minneapolis, Mn.

AGENDA

SEXUALITY AND AGING: IMPLICATIONS FOR LONG TERM CARE

DAY ONE

8:00-8:45	Registration
8:45-9:15	Welcome, quick pre-test, slides "Folks Don't Kiss Old People Anymore"
9:15-10:15	Defining sexuality; psychosocial aspects
10:15-10:45	Break
10:45-12:00	Physical aspects--slides "Aging and Sexuality"
12:00-1:15	Lunch
1:15-3:00	Small groups; case studies
3:00-3:30	Break
3:30-5:00	Feedback on case studies

DAY TWO

8:30-9:00	Review of Day One
9:00-10:15	Myths/Stereotypes: sexuality and aging
10:15-10:45	Break
10:45-12:00	What is being done--what can be done--in long term care facilities?
12:00-1:15	Lunch
1:15-3:00	Small group projects: What can we do in our facilities?
3:00-3:30	Break
3:30-4:30	Feedback from groups
4:30-5:00	Concluding remarks, posttest, evaluations, certificates

EVALUATION

SEXUALITY AND AGING: IMPLICATIONS FOR LONG TERM CARE

In several brief sentences for each item, please answer the following questions:

1. What is a broad definition/description of sexuality that is most helpful for our understanding?
2. What are several common myths and stereotypes that are prevalent in today's society--where do we see/hear these manifested?
3. Describe some of the physical changes occurring with aging that are related to one's sexuality?
4. What are some specific ways that will be helpful in your facility to assist residents in the fulfillment of needs related to their sexuality?

SESSION EVALUATION

1. The instructional session was:
 - a. poor
 - b. satisfactory
 - c. good
 - d. excellent
2. My understanding of the topic was broadened:
 - a. not at all
 - b. very little
 - c. moderately
 - d. a great deal
3. Opportunity to exchange ideas was:
 - a. missing
 - b. very little
 - c. moderate
 - d. considerable
4. This instructional session related to my job:
 - a. not at all
 - b. very little
 - c. moderately
 - d. a great deal
5. The most helpful aspect of this session was:

6. The least helpful aspect of this session was:

7. Specific concepts, ideas, or techniques from this session that I plan to utilize in my work are:

8. Additional Comments:
